


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000100450					
1. Corporation Name SMART SOURCE ENTERPRISES, INC.					
Principal Place of Business 6720 S. TAMiami TRAIL, SUITE 1015 SARASOTA FL 34231			Mailing Address 6720 S. TAMiami TRAIL, SUITE 1015 SARASOTA FL 34231		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 6720 S TAMiami TRAIL Suite, Apt. #, etc. 22 1015 City & State 23 SARASOTA FL. Zip 24 34231		2a. Mailing Address 26 6720 S. TAMiami TRAIL Suite, Apt. #, etc. 27 1015 City & State 28 SARASOTA FL Zip 29 34231		3. Date Incorporated or Qualified 12/02/1998 4. FEI Number 65-0883804 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KING, CLIFFORD M 1800 SECOND STREET, SUITE 855 SARASOTA FL 34236			10. Name and Address of New Registered Agent 81 Name ROBERT A. SMART 82 Street Address (P.O. Box Number is Not Acceptable) 2401 POST RD 83 SUITE 1015 84 City SARASOTA FL 85 Zip Code 34231		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Robert A. Smart 1/25/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE PRESIDENT NAME ROBERT A SMART STREET ADDRESS 2401 POST RD CITY-ST-ZIP SARASOTA, FL 34231-5513 [DELETED] [DELETED] [DELETED] [DELETED] [DELETED] [DELETED]			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

Daytime Phone #

CR2E034 (1/98)